

HOME STUDY ASSESSMENT FOR INDEPENDENT FOSTER HOMES

Please complete the following items as completely as possible. Use additional paper if needed. Submit this document along with the Initial Application for Licensure as an Independent Foster Home to the Division of Licensing Programs. If the applicant is a husband and wife, each individual is to complete this study.

1. Name, Address and Telephone Number of Applicant:

2. Describe your reasons for wishing to become an independent foster home:

3. Describe your experience with children, your own and those not related to you. Include any previous experience as a foster parent.

4. Describe your abilities and experience in the following areas:

Providing care to and meeting the physical needs of children:

Relating to children with respect, courtesy, patience and affection:

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Understanding children from varied backgrounds different from your own:

Understanding and respecting the families of children to be placed with you:

Assuring the safety and supervision of children:

Handling emergencies:

5. Describe your current and past employment, giving the name of the company or individual. Describe your financial resources which demonstrate your ability to meet the needs of your family.

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6. Describe the discipline techniques and parenting skills you use and will use with the children in your care:

7. Do you have any current physical or mental health problems which may negatively impact the full time care of children in your home? If so, please explain.

8. Describe your character and reputation.

9. Describe the length and stability of your marriage. How do you resolve differences?

10. Describe your current relationships with extended family members to include a discussion of conflicts which may negatively impact children in your care.

11. Describe any training you have attended related to providing care and services to children.

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12. How will you provide supervision to the children in your care?

13. Describe the services you will provide to the children in your care and any services you will utilize in the community.

14. What do you believe are valid reasons a child should not be returned to his family?

15. Describe the general pattern of your family life such as activities and daily routines.

16. Please add any additional information you would like to be considered as part of your application for licensure as an independent foster parent.

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Signature: _____

Date: _____